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Introduction

The adult social care sector in England is facing unprecedented challenges: under-investment in primary care, cuts to social care funding and recruitment difficulties threaten to overwhelm the sector (Oliver, 2017). In addition, the constant use of the ‘burden narrative’ associated with the rising demand for services amongst older people (Walker, 2018:261) acts to amplify the sense of crisis and the perception that any solution to the problems of social care services should not require additional public expenditure. It is no surprise therefore that, in common with other countries facing similar challenges, attention has focused on the potential of volunteers to contribute to service provision (Frederiksen, 2015; Tingvold and Skinner, 2019). The study on which this paper draws aimed to produce much-needed empirical evidence concerning the contribution made by volunteers to contemporary adult social care provision. The overarching research question was; ‘How is volunteering implemented and delivered in the mixed economy of social care services for older people in England’? The objectives of the study included identifying the roles that volunteers play in social care settings as well as the challenges and opportunities related to their involvement. In this paper, we consider the models of volunteer involvement operating at social care organisations and the challenges faced, particularly in relation to the recruitment and training of volunteers. Discussion of the practicalities of delivering volunteer support for older adults in social care are discussed elsewhere (Author’s own, 2020).

Background

Voluntary organisations have played a role in the provision of welfare services in England for many years (Moriarty *et al.*, 2018). Over recent decades, successive governments have placed increasing emphasis on volunteering as an activity that not only benefits individual volunteers and the organisations where they work but, also has a positive social and cultural impact more broadly (Haski-Leventhal *et al.*, 2010). Volunteering was encouraged during the 1990s as part of the Conservative Government’s ‘active citizen’ programme, while New Labour launched its ‘active communities’ programme. In a similar vein, David Cameron pioneered his ‘Big Society’, encouraging volunteers to develop and deliver new services (Alcock, 2010). However, under the Coalition Government (2010-2015), a more explicit attempt was made to encourage volunteering as a means to bolster welfare provision, with

funding made available to explore innovative models of volunteering, specifically within the health and social care sector as a means to 'unleash' the potential of volunteer activity (Evans, 2011). As Baines *et al.*, (2017) have argued, the lean production models associated with austerity have intensified the use of unpaid labour but there is a lack of evidence about the role of volunteers and the impact of their contribution on social care services (Mountain *et al.*, 2017).

Unsurprisingly, debate about the Big Society, including the promotion of volunteers in service provision, has been polarised and linked to reforms to local government, including self-governance arrangements and the wider policy agenda of localism (Lowndes and Pratchett, 2012; Crisp, 2015). On the one hand, volunteer involvement in service provision has been framed positively by government ministers and enthusiasts as an example of what has been called 'progressive localism'. Here, volunteering is encouraged as the opportunity and mechanism to provide 'more locally responsive, cooperative and mutualist visions' (Findlay-King *et al.*, 2018: 158). On the other hand, the Big Society strategy can be interpreted negatively as an example of 'austerity localism', adopted in an attempt to bolster provision as local authorities are forced to cut funding to local services (Findlay-King *et al.*, 2018). However, as Williams *et al.*, (2014) caution, these binary positions are unhelpful, ruling out the possibility that volunteerism can open-up spaces in which more progressive responses to austerity can be fashioned. In addition, the broader literature on the interchangeability of paid and volunteer labour suggests that the line between volunteers either substituting for, or supplementing, paid workers is more nuanced than has been suggested (Handy *et al.*, 2008) and may raise specific problems in the field of social care.

While successive governments have been keen to encourage the contribution of volunteers in social care provision, their involvement is not without its potential challenges (Hussein, 2011). Indeed, the King's Fund warns that a regressive economic climate 'could have a detrimental effect on volunteering' (Naylor *et al.*, 2013: 29), not least by exposing the complexity of volunteering in the social care sector. Naylor *et al.*, (2013) note a number of impacts: first, that paid staff might regard increasing reliance on volunteers negatively as a strategy to fill gaps in provision; second, that organisations might use volunteers

inappropriately in roles for which they are poorly prepared; and, third, that the competitive nature of commissioning within the mixed economy might place excessive pressure on organisations that co-ordinate volunteer activity. Other concerns identified relate to the expectations placed on a volunteer service, particularly on those where the skills of trained professionals, such as social workers are required (Hoad, 2002), and to the perception that volunteers may lack legitimacy amongst users of services and the wider public (Frederiksen, 2015). In addition, increased workload demands have been reported for those given the responsibility of managing volunteers (Tingvold and Skinner, 2019), as well as a recognition of the cost of providing training and supervision (Moriarty *et al.*, 2018).

Social and economic disparities related to the involvement of volunteers have been noted in the wider literature. Body *et al.*, (2017) suggest that reliance on the contribution of volunteers in schools may accentuate the impact of socioeconomic disadvantage. They report that schools in disadvantaged areas often struggle to engage volunteers, whereas schools in more affluent areas have the resources required to support a volunteer programme such as training courses and recognition mechanisms. In a similar vein, Tilki *et al.*, (2015) suggest that black and minority led voluntary sector agencies are disproportionately impacted by funding changes which might intensify the pressures faced by these agencies and those volunteering in them.

Volunteering in social care for adults

The volunteer contribution takes different forms. This paper focuses on the role of ‘formal’ volunteers: that is, individuals giving unpaid help/ support on a regular (at least once a month) basis through organisations or clubs (Southby and South, 2016). Recent figures suggest that, in 2016-17, 22% of adults over the age of 16 years volunteered on this basis, a reduction of 5% since 2013-14. Of those who formally volunteer, 29% are aged 65-74, whilst those aged 25-34 have the lowest rates of volunteering, at 15% (DDCMS, 2018).

Hussein’s analysis of the 2010 National Minimum Dataset for Social Care suggests that volunteers accounted for 1% of the long-term care workforce, although this figure is likely to be an underestimate. The majority of volunteers contributing to social care (87%) worked in the voluntary sector, although growing numbers were thought to be working in private and

statutory settings; 50% of volunteers worked in community care and day care settings, with fewer in residential care settings (Hussein, 2011). The roles that volunteers in the social care sector occupy are varied, but include care work, community support, outreach, befriending, handywork and administration (Hoad, 2002; Hussein, 2011).

The motivations of volunteers can be understood and framed in different ways. For example, volunteering can be seen as a symbolic expression of certain beliefs or values, such as the belief that it is important to 'give back' to causes or to groups of people.

Alternatively, volunteering has been regarded as an expression of the individual's pre-existing needs or personality traits. For example, volunteers may be motivated by an opportunity to gain skills and knowledge (Hustinx, Cnaan and Handy 2010). Additionally, evidence suggests that volunteering can have a positive social impact on those who volunteer, as well as on the recipients of their work (Southby and South, 2016). Such arguments have been mobilised by government in their efforts to encourage more people to volunteer. In contrast the economic impacts of volunteering have been notoriously difficult to quantify. For example, whilst Haldane (2014) valued the total annual contribution of volunteers to the economy at £50 billion, Hughes (2016) reported the significantly more conservative figure of £23.9 billion.

Methods

In order to capture the diverse perspectives on the role of volunteers, the project used a qualitative, exploratory, multiple case study design. Rather than aiming to produce generalisable findings, the study sought to map the different ways in which volunteers participated in the provision of social care services to older people (Yin, 2017). Seven organisations providing social care services in England participated in the study during 2018.

Recruitment and sample

The study aimed to recruit between six and eight organisations purposively selected to include variety in: service type (residential care; domiciliary care, and day centres); organisational sectors (private, statutory and voluntary sectors); and rural and urban provision.

Prior to beginning fieldwork, each organisation was visited to discuss the aims of the study and distribute information sheets to potential participants. At each setting we aimed to interview a range of participants to capture their perspectives on the role of volunteers. They were: managers/ volunteer co-ordinators (2); volunteers (6); paid care staff (4) and older people receiving services provided by volunteers (4). Although we intended to recruit equal numbers of participants from each of these groups across sites we were restricted by the size of the service and the availability of staff, volunteers and older service users.

Semi-structured interviews were used to ensure that consistent data was collected across all groups of participants, while also enabling us to explore responses in more depth (Brinkmann and Kvale, 2015). The interviews with managers and co-ordinators focused on the reasons for involving volunteers in social care provision, the processes of recruitment and training and the challenges and opportunities they encountered. Interviews with volunteers and paid care workers focused on the roles they carried out and the training and supervision they received, as well as their motivations and experiences of working in the sector. Interviews with older people who received services explored their understanding and experiences of volunteer involvement. We also collected documents related to volunteers from those organisations that produced them, such as annual reports; volunteer packs (including policies and codes of conduct), and recruitment materials. These documents provided valuable contextual information.

Across the seven organisations 94 interviews were completed with: 39 volunteers; 14 care staff; 24 older people; and 17 managers (including 4 regional managers). Details are provided in Table 1.

Table 1 - here

Of the 39 volunteers interviewed, 27 were female and 12 were male. Reflecting what managers told us about the characteristics of volunteers at their sites, three quarters of the volunteers were aged over 60 and most described themselves as formally retired ($n = 26$) or not currently in paid employment ($n = 10$). Just three volunteers who participated said that they were aged under 30 and three volunteers were in paid employment.

Analysis

All interviews were audio recorded and transcribed in full. Thematic analysis of the transcripts (Braun and Clarke, 2006) was led by (initials). A sample of 8 transcripts, drawn from across the different samples of participants from 3 sites, were read and independently coded by (initials) and (initials). This initial process used *a priori* codes informed by the literature. Discussion of these transcripts led to the development of a coding frame, which was managed through NVivo. The framework was supplemented with additional codes that emerged during coding.

Ethics

The main ethical considerations facing this study related to informed consent and anonymity/ confidentiality. Prior to each interview, participants were given an information sheet setting out the aims of the study before being asked to complete a consent form. Given the potential of participants to reveal that they, or someone else at a setting, might be at risk of harm, limited confidentiality was offered to all participants. In addition, given the size and nature of the sector, the identities of participating organisations are not revealed. Ethical review was provided by the National Social Care Research Ethics Committee, reference 17/IEC08/0038. Data is presented anonymously using generic titles for participants, such as manager, volunteer and care worker.

Findings

We attempted to recruit a range of provider organisations as case studies, including statutory and private providers, but all seven of the organisations that agreed to participate were registered charities. Two were local, two were regional and three were local branches of national charities. The organisations were drawn from across three areas (two local authorities, one county council). Two organisations were based in a town and served the local population, including those in the surrounding rural area, and the remaining five were based in two cities. All but one of the organisations had a long tradition of involving volunteers. The services delivered by volunteers at these organisations were: a befriending service in a retirement village; social activities and support in two day-care centres (one provided care specifically to older people from a black and minority ethnic community

(BAME); a physical and musical activities programme provided by older volunteers in residential care settings; activities and visits in a care home; a Support at Home service provided to older people recently discharged from hospital; and, a lunch club run by a Timebank.

The tasks undertaken by the volunteers varied. They included: befriending older people at risk of loneliness and isolation; delivering exercise classes; providing assistance with refreshments and activities at day centres; supporting older people to take part in all aspects of a lunch club and, supporting older people who had just been discharged from hospital to regain their independence.

This paper considers five key themes: models of volunteer involvement; organisational motivations; challenges with recruitment; ambivalence towards the provision of training and, the ways in which contextual factors influence and shape the volunteer role and experience.

Models of volunteer involvement

Analysis of the data revealed three distinct models of volunteer involvement: service augmentation; discrete provision; and assisting paid staff. The service augmentation model describes those circumstances in which volunteers provided something that was over and above that provided by paid care workers, in other words supplementing the work of paid staff. This model included the befriending service in the retirement village and the volunteer agency delivering exercise and/or musical activities to residents living in care settings. Thus, a volunteer at the retirement village described the purpose of her visits to residents who were at risk of loneliness as:

‘to enhance the wellbeing of the residents in giving an extra dimension, especially for people that are lonely.’

The befriending service was frequently described as the icing on the cake and was specifically targeted at residents who were thought to be lonely and/or isolated. Volunteers were matched to residents, for example on the basis of a shared interest, and then they would visit the resident regularly. As a care worker described:

‘I think if you can get a volunteer in there, just to spend half an hour, an hour, or just to go and have a cup of tea with them, I think it makes them [resident] feel appreciated as well, that they’ve got somebody to keep them company.’

A similar picture was offered of the programme providing a volunteer run weekly exercise/ musical class in care settings. The organiser of the programme described the sessions as being ‘totally unrelated’ to care work. This view was endorsed by a volunteer who described how residents were ‘there to join in with what I am doing, so I am in charge of it.’ She described being ‘someone from outside who is not there all of the time’. Again, there was a clear sense of the volunteers offering something additional to the service provided by paid care and support workers. The contribution of volunteers at both sites was thought to ‘enrich the life’ of the older people they came into contact with.

The Support at Home service and the lunch club were both examples of the second model of volunteer contribution in which volunteers provided discrete free-standing services. In this sense they were neither supplementing nor substituting existing paid care workers. The Support at Home service was set up and managed by a national charity which had been commissioned by the local Clinical Commissioning Group and local authority. The service put volunteers in contact with older people for a limited period after they had been discharged from hospital, in essence, to support them to regain their independence. A volunteer described the role in terms of some older people:

‘need[ing] a little tiny bit more support and they need taking to the pharmacy to pick up their medication, they need taking and picking-up bread and milk and sweets and biscuits and whatever they want, so it’s home and settle.’

Similarly, the lunch club had been set-up by the Timebank in conjunction with members of the local community who were concerned about the lack of social activities for older people. Although a part-time paid worker from the Timebank played a co-ordinating role, all other tasks – cooking, washing-up, socialising with attendees - were under-taken by volunteers. The manager of the Timebank described:

‘.... at the lunch club they [volunteers] are doing cooking, serving, clearing up etc. They’re doing activities with the older people, they’re generally meeting and

greeting them and, chatting with them. They're transporting and escorting them where they need that.'

The third model of involvement was where volunteers assisted paid members of staff, including filling in gaps in provision, particularly in instances of staff shortages. This model was evident at the two-day centres, both of which received some funding from the local authority, and the care home. Initially the contribution of volunteers at one of the day centres was described by the manager in ways that suggested that they 'joined-in' with activities, such as exercise sessions and quizzes, while activities like escorting duties and personal care were beyond their remit. However, she later acknowledged that the involvement of volunteers was more fundamental, sometimes determining whether or not the day centre could open. In these instances, volunteers appeared to be substituting for paid care workers. The manager commented:

'... there are days when I have relied on volunteers to open up the service, and if it weren't for volunteers, I would have had to close the service.'

At the care home volunteers took part in and sometimes led social activities such as bingo and quizzes, while others visited residents providing spiritual support or reading aloud to those with sight problems.

At the day centre for older people from a BAME community it was unclear to us what the distinctive volunteer contribution involved. Indeed, the manager described how there was little difference between the roles of volunteers attending sessions for older women and paid members of staff. She said:

'There's not much of a difference. They would still work within the team, whatever the team does they will normally 'speak with ladies, sit there and talk to them and perhaps help the ladies, take them to the toilet and bring them back.'

In addition, she described how many of the volunteers were 'themselves very isolated' and, as such, they had much to gain from talking to older members of the community who attended the day centre. In this sense it wasn't always clear who were the volunteers, who were the service users and who were the paid care workers. However, the nature of the volunteer role at this setting reflects previous observations by Tilki *et al.*, (2015) who noted that voluntary organisations for black and minority ethnic communities often developed

ways of working that were responsive to the wider needs of the community and were often more innovative and unconventional than mainstream services.

Organisational motivations

While all of the organisations spoke very positively about the contribution made by volunteers in their settings, the model of volunteer involvement adopted by each organisation reflected different motivations and priorities and, to some extent, the wider financial context. For example, the befriending programme at the retirement village had developed out of a long history of volunteer involvement, which saw volunteers contributing to village life in diverse ways, all of which were designed to enrich residents' lives. The befriending service was funded internally, mostly through a trust fund, and the manager described how:

‘.... there is something different a volunteer brings to the table. I worked in the statutory and voluntary sector and the beauty of working with volunteers in the voluntary sector is that you can respond flexibly to people's needs. I know in the statutory sector there is this move towards a more personalised agenda, but I think the voluntary sector has been doing it for decades, without anybody really knowing.’

In this sense, the development of a volunteer befriending scheme allowed the village to respond to loneliness in a person-centred manner, for example matching volunteers to residents on the basis of shared interests. Similarly, the volunteers providing exercise and musical sessions in care homes were part of a long-established volunteering organisation that was run entirely by older volunteers and aimed to promote participation in communities through volunteering and social action. Although they received some funding from the local authority, to pay volunteers' expenses, they relied on the organisation's reserves as well as *ad hoc* funding for specific activities.

At both of the organisations where volunteers were providing discrete social care services the motivation for doing so reflected the organisational *raison d'être* of each. For example, a manager at the national charity that ran the Support at Home service described how ‘volunteerism is one of our principles, so that's what we are about really ... stepping in at times of crisis.’ The motivation for the Timebank reflected the organisation's core mission of volunteerism - the idea of giving time and expertise for the benefit of others – and as

such, setting-up and running the lunch club reflected that mission. As the manager described:

‘We just love seeing things happen in the community and that’s what we’re about, trying to make things happen and trying to help people to get involved in different ways by making things possible. That’s our motivation.’

In contrast, at those organisations where volunteers were assisting or filling in gaps in provision, the motivation for involving volunteers appeared to more overtly reflect the financial context in which they were operating. The manager of one of the day centres described the organisation’s motivation as:

‘My gut instinct is because they’re not paid. It’s a voluntary organisation I know that’s probably not the right thing to say at all. For instance, even though I don’t count volunteers in like I would a member of staff, there is days when I would have had to close the service if it wasn’t for volunteers, so for me, it’s not only that they’re a really good asset, but they’re not costing us anything either.’

Although not explicit, the implication of this manager’s statement is that volunteers could be perceived as interchangeable with paid staff (Handy *et al.*, 2008).

The manager of the day centre providing support to older people from a BAME community described two motivations behind the involvement of volunteers. The first of these was practical:

‘.... it’s good to have volunteers who can come in to assist when we have a gap in services or when there’s a special need. Also the volunteers bring a lot of experience, a lot of expertise. Then secondly, for the volunteers it’s an opportunity for them either to give back to the community, either to gain more skills gain insight to another job. So they get a benefit and [name of organisation] gets a benefit’.

However, one of the volunteers at the same organisation suggested that the organisational motivation appeared to relate to a lack of funding, he said:

‘Well, we all know the bottom line is cost cutting, cost effectiveness. I have no problems with that. It occupies my time. I do what I want to do, which is help people in the community.’

Challenges with recruitment

As previously noted, government ministers have consistently suggested that there is an 'army' of volunteers that can be recruited to bolster the delivery of social care. As Norman Lamb opined in 2014, "[there is a] great army of people out there, if you can somehow tap the energy and commitment that they are prepared to give, you may start to find some of the solutions to the challenges we face" (Hardy, 2014). However, the findings from this study contradict this view. The manager of the Timebank, for example, described how 'volunteering at the moment is going through a little bit of a crisis. Everyone is saying so.' Across the study, all the organisations reported having difficulties in recruiting volunteers - even those, such as the retirement village, that had a long history of working with volunteers.

A range of reasons was offered to explain why recruitment was becoming more challenging, many of which were related to contemporary conditions of ageing and retirement. Increased intergenerational care was frequently cited, including not only older adults looking after grandchildren but also adult children caring for parents. In addition, participants pointed to changes to pension legislation which resulted in more people retiring later. The volunteer co-ordinator at the retirement village summed up these difficulties when she said:

'Whereas now, we just find that those retired, well most women are working in some capacity now. Or they're having to stop their volunteering because grandchildren come along, and they have to take on caring responsibilities'.

Settings in more rural locations were also struggling. A manager of the Support at Home service which was based in a semi-rural location thought that the local population was older and consequently many 'don't want to do volunteering. If they do it's probably for the National Trust or it's for a charity shop.' Another manager at this organisation suggested that changes to the state pension age meant that 'by the time people have got a bit more time, they want to make-up for lost time so they go and see the world'. Such were the difficulties of recruiting enough volunteers to run the service that the charity had decided to appoint a paid support worker so that, in the words of this manager, 'we are not so heavily reliant on volunteers'. This decision was a departure from normal practice and demonstrates what Handy *et al.*, have referred to as the 'interchangeability' of paid staff

and volunteers, which occurs as a function to two dynamics, 'organizational demand and volunteer labour supply' (2008: 15).

Other settings reported difficulties recruiting volunteers to work in particular locations. For example, the area manager of a charity that ran one of the day centres described difficulties recruiting volunteers to work at the centre which was located in a disadvantaged area of the city. She described how '[name of area] is a particularly difficult place to market So, I've got four services based [there]; all of them are quite difficult to recruit to'.

Ambivalence towards the provision of training

One of the key motivations for volunteering, and for the continued retention of volunteers, noted in the literature is the availability of training and the potential to gain new skills through such opportunities (Darley, 2016). However, since the majority of volunteer participants in this study were retired, it was perhaps not surprising that only a small number reported that they wanted to gain experience before looking for paid employment in the sector, and no one said that access to training was the motivation behind their decision to volunteer. On the contrary, the provision of training turned out to be problematic at several of the sites, particularly in relation to the retention of volunteers, and the reasons for this are salient to broader debates about the potential of volunteers to contribute to social care provision.

At two organisations, both of which we have classified as the 'service augmentation' model, a training programme had been developed specifically for volunteers and, at both, the volunteers appeared to understand the significance of training and were happy to attend. The volunteer co-ordinator at the retirement village explained that all volunteers were required to attend a compulsory one-day induction training, which covered policy and practice and:

'everything we need to cover ourselves for. Then there is some training that volunteers can do online. They can do things like health and safety, dementia awareness and safeguarding online.'

Volunteers that ran exercise classes in residential care settings were required to attend training before they were allowed to run the classes. This training covered general health

and safety as well as specific training about 'exercising for the elderly.' A volunteer explained 'we had one day a week for six weeks, but it's a whole day and it was really concentrated, but a whole day on the importance of stretching and how you could do it.' In addition, the training involved assessment of each volunteer as they ran an exercise class for their peers.

There was little in the way of formal training at any of the organisations where it appeared that volunteers were assisting with, or filling gaps in, provision. At the day centre run by a local branch of a national charity there was no induction training programme, although the manager explained that she wanted to develop one:

'I would like to see a little training package prior to them actually volunteering just one short day covering manual handling, safeguarding, so they're not chucked straight in. It'd be nice, but that takes time, and with volunteers coming and going they go straight into volunteering and then they don't want to step back and learn anything.'

She went on to describe how the organisation was currently offering safeguarding and manual handling training to volunteers at all settings but very few had taken this up because, in her view, 'they don't want to give up their time to do it.'

Similarly, at the care home where volunteers either visited individual residents or took part in activity sessions, there was no training for volunteers. The manager described how:

'If I'm being honest, I've never identified any formal training that any of the volunteers would require. Do you know the reason why? it's because these individuals have got life skills, it's a life skills that they're bringing to us. Does that make sense?'

This view was endorsed by a cleric who regularly visited residents as a volunteer to provide spiritual support, although she had received no training from the care home, she said 'I'm fairly well qualified really and I think they thought I was worth grabbing hold of.' She described her contribution as 'I don't do anything. I only talk, hold people's hands I don't do anything. I wouldn't even make somebody a cup of tea.' On the other hand, some care workers at this organisation suggested that volunteers should have some formal training,

specifically to make clear the reasons why they were restricted from undertaking physical activities such as manual handling. As a care worker explained:

‘[volunteers] don’t understand that there is set ways to do things. As much as they want to help, they’re not always a help because they don’t understand that if they don’t follow the right guidelines then they could be hurting someone.’

Finally, there was a mixed picture regarding training at those organisations that provided discrete, free standing services. The Timebank manager told us they provided some practical training for the volunteers contributing to the lunch club, including food hygiene training for those working in the kitchen and health and safety training for volunteers escorting older people to the club. Although the manager did not tell us about training on safeguarding, one of the volunteers remembered ‘Part of the volunteering day we did, did talk about that [safeguarding] and about who to go to if we were concerned about people, so yes, there has been an element of it.’

In contrast, volunteers providing the Support at Home service were expected to take part in an extensive induction training over two days which included learning about the principles underpinning the organisation, emergency first aid, safeguarding and professional boundaries. Some of the volunteers were critical of the initial training, suggesting that it delayed their involvement. For example, one volunteer who questioned why she had to undertake manual handling training when her role was administrative, told us:

‘.... then there was the training which I thought was a bit silly really for me to be doing manual handling and things to be doing admin. It all delayed actually doing something useful and I think somebody else might have given up and think I could be doing something useful in this time instead of waiting.’

In addition to the induction training the organisation provided additional compulsory training. One volunteer had recently attended a session on safeguarding which she had found ‘very pertinent’. However, a manager told us that other volunteers were very critical of having to do additional training, she said:

‘At various points in the last few years we have lost volunteers *en masse* because of insistence on compulsory training and we have lost good volunteers. They just had

enough, and they went, because the thing is we'll pay them to come here to do the training, but we are not paying them for their time.'

Evidently, finding an appropriate balance between the provision of essential training and over-burdening volunteers was difficult. However, the consequences of getting this balance wrong appeared to have contributed to the retention difficulties the organisation was facing which had, in turn, led to the decision to recruit a paid worker to work alongside volunteers.

The role of volunteers in a challenging context

The impact of wider cuts to social care funding was identified as a serious challenge, not only to the services provided by the organisations we visited but also to the positive experiences of volunteers contributing to the sector. At all settings, those with responsibility for managing volunteers spoke of the need to protect the volunteer contribution. However, this appeared to be easier to achieve at organisations where volunteers were either augmenting existing provision or providing a discrete service. The volunteer co-ordinator at the retirement village reported how they valued the specific task that volunteers came to do and would never use them to fill gaps elsewhere. She said:

'What people are offering should be really respected, because it's amazing what they're doing. Don't de-value them by saying, "You can go and do photocopying."'

At other settings managers also spoke of the importance of supporting volunteers. The volunteer organiser for the organisation providing exercise classes and musical activities in residential settings said:

'We support our volunteers well, I think. We appreciate them. With our groups we hold regular meetings we have support meetings, probably every three months. When we have a new bunch of volunteers, we will meet them much more regularly.'

The challenges of managing the volunteer experience were harder in those settings where the boundaries between the contribution of volunteers and the work of paid care workers were less clear. This was especially so in the day centres. Echoing Moriarty and Manthorpe's (2014) observation that traditional forms of day care, such as day centres, have been particularly hard hit by austerity, there was a tendency at these settings for volunteers to get drawn further into direct care work, often due to shortages of paid staff.

An area manager for the organisation running one of the day centres acknowledged these pressures when she said:

‘I think that the cuts in social care have a direct effect on services that is either putting a load of pressure or just closing down services and then when you get a service that’s under stress and under pressure, it’s not a good place for a volunteer to be if everybody’s rushing around you know, trying to provide care on an impossible amount of money. There’s a knock-on effect on how you then get volunteers, how you care for volunteers I think the casualty of the cut back definitely is impacting on volunteers.’

In this sense, there was an explicit acknowledgement that the crisis in the care sector was impacting negatively on the experiences of volunteers, which does not bode well for the future. Indeed, reflecting on the move to involve volunteers in social care provision in the current context this manager concluded ‘and this big thing about if we could replace people with volunteers, I think that’s an insane idea, it’s irresponsible.’

Discussion

Despite the regional focus of this study, the findings support Hoad’s (2002) assertion that volunteers play an increasingly significant role in the provision of social care, particularly for older people. Using concepts drawn from debates about localism, examples of volunteer involvement that reflect ‘progressive localism’ as well as ‘austerity localism’ could be identified. For example, community concerns about the isolation of older people led the Timebank to set-up a lunch club run almost exclusively by volunteers, which suggests a progressive and cooperative development to meet a local need that arises from a regressive economic climate. In contrast, both day centres appeared to be reliant on volunteers to keep services going, illustrating Findlay King *et al’s.*, (2018) concerns about austerity localism. Echoing previous work by Handy *et al.*, (2008), this study found that volunteer labour was sometimes used interchangeably with paid labour, raising specific concerns within the context of social care provision.

As we have seen, the experiences of the organisations in this study mirrors evidence from official statistics that report a reduction in the number of people volunteering on a formal

basis (DDCMS, 2018). Irrespective of the model of volunteer involvement, all of the organisations in this study were finding it increasingly difficult to recruit volunteers to contribute to social care provision. Although it is widely acknowledged that volunteering activity changes over the life course and is shaped by shifting circumstances, such as retirement and caring responsibilities (Hogg, 2016), the difficulties encountered by organisations in this study suggest a more fundamental problem with respect to the long-term efficacy of encouraging increased reliance on volunteers in social care. Even those organisations that had a long history of working with volunteers had noticed a decline in the number of people coming forward and indeed one national charity, that had volunteerism as its core mission, had made the paradoxical decision to employ paid care workers to work alongside volunteers. In addition, across the sites most volunteers were older people themselves thus potentially adding to the complexity of engaging and retaining volunteers to deliver social care for older people. These observations are not unique but confirm findings from a recent evaluation of the volunteer contribution to complex health and social care services, by Mountain *et al.*, (2017), which reported that difficulties in recruiting and retaining volunteers led to the early closure of interventions. Taken together, both studies suggest that the assumption that there is an untapped pool of people willing and able to volunteer may, at best, be naive .

While Naylor *et al.*, (2013) notes that volunteering opportunities within traditional adult social care organisations are becoming more formalised and professionalised, our study suggests a more nuanced picture. While there was evidence of a more formal approach to managing the volunteer contribution at those organisations where volunteers were augmenting existing provision or providing a discrete service, there was a lack of formality at those settings where volunteers were filling in gaps in provision and substituting for paid care workers. In addition, with respect to the provision of training, being more ‘formalised’ and ‘professionalised’ did not necessarily improve the retention of individual volunteers or enhance their experience, again suggesting a paradox at the heart of this agenda.

Despite the suggestion in the literature that the opportunity to gain new skills through the availability of training is an important motivating factor for volunteers (Darley, 2016), this was not the case for participants in this study, the vast majority of whom were retired.

However, what was surprising to us, given our focus on social care, was that not all of the organisations provided training. In addition, in those that did, several managers reported their concerns that the burden of training might have acted as a deterrent for older volunteers and, consequently, they were rethinking the timing and content of training provision. These findings are deeply problematic for the social care sector. On the one hand, the absence of training for volunteers undermines wider efforts to recognise the value of care work and ensure all care workers are adequately trained (UK Commission for Employment and Skills, 2015). On the other hand, the counterpoint of ‘too much’ training appeared to damage the experience of volunteering and is, therefore, also problematic. This suggests another dilemma for the sector as to whether there should be a minimum training requirement expected for all volunteers. Clearly, without appropriate training there is the potential that volunteers contributing to social care could do more harm than good (Darley, 2016). To manage this dilemma, organisations need to ensure that the requirement of volunteers to undertake basic training is met while also ensuring the timing, intensity and content of this training is such that it maximises attendance and retention (Mountain *et al.*, 2017). Blanket requirements made by national managers for volunteers to attend additional compulsory safeguarding training were thought to be counter-productive at the local level. Irrespective of whether volunteers are supplementing or substituting for the work of paid care workers, the content and intensity of training should be relevant and proportionate to the specific role that volunteers will undertake at individual settings.

Echoing Hussein’s (2011) concerns about the need for an appropriate balance between the rights and responsibilities of volunteers contributing to social care, the data from across the settings suggests that these were out of kilter. It appeared that volunteers were, in some instances, carrying a great deal of responsibility for the services they were contributing to but, at the same time, their rights, for example to be adequately supported in their role, were not being met. This lack of consideration for the rights of volunteers could have serious consequences, not just for the volunteers themselves but also for the wellbeing of older people using services and for the organisations providing care and support.

Not surprisingly, analysis of the data makes clear the difficult financial context in which social care organisations are operating, drawing attention to the complexity of the place of

volunteers in a sector under strain. All of the organisations in this study were, to some extent, feeling the consequences of wider austerity measures, for example working with increasing numbers of older people with greater needs for services and juggling staff shortages. However, these pressures appeared to be most keenly felt by the day centres where volunteers were used to assist with, or fill gaps in, service provision. Significantly, both day centres were dependent on local authority funding and therefore more vulnerable to the 'burden narrative' (Walker, 2018). Managers at both centres reported feeling the impact of budget cuts and, consequently, were more reliant on the contribution of volunteers to ensure that services could function (Moriarty and Manthorpe, 2014). In addition, they were potentially at further disadvantage. One of the centres, which was set-up and run by a BAME led organisation, may have been disproportionately affected by austerity measures as Tilki *et al.*, argue (2015). Both day centres were situated in areas of deprivation which may have impacted upon the numbers of people wanting to volunteer (Body *et al.*, 2018). Additional pressures such as these may put services under even greater strain, with the result that not only staff, but also volunteers are working under increasing stress. Again, reinforcing the point made by Naylor *et al.*, (2013), these findings cast doubt on the feasibility and wisdom of promoting increased reliance on volunteers in contemporary social care services with older people, particularly in settings where volunteers are being used to assist care workers and fill gaps left by a shortfall in paid staff

Conclusions

This paper has considered the contribution made by volunteers to the provision of social care for older people and identifies a series of challenges at the heart of this strategy. While volunteers make an important contribution to the sector the findings of this study underscore Mountain *et al.*'s observation that volunteering is a 'fragile arrangement based on shared understanding and reciprocity' (2017: 181). The challenges identified for the social care sector are significant and would benefit from further discussion amongst policy makers, professional bodies, providers of social care and commissioners. At the very least we need consensus about the desirability of training for volunteers who are contributing to provision and agreement on the funding for this. In addition, given the stress the sector is under, we need to consider the appropriateness of volunteer labour being used interchangeably with paid care workers.

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